

FILED JUN 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16418

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6073		Registrar's No. 1640	
1. PLACE OF DEATH a. COUNTY St. Francis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francis			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Hwy 61		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Perry Township				e. STREET ADDRESS (If rural, give location) Rural 1mi. East			
3. NAME OF DECEASED (Type or Print) DAVID CARLETON RUBLE				4. DATE OF DEATH (Month) (Day) (Year) May 29, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 7-11-1937	
9. AGE (In years last birthday) 17		10. UNDER 1 YEAR 10		11. BIRTHPLACE (City and State or Foreign Country) Bismarck, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY					
13a. FATHER'S NAME Clyde Ruble		13b. MOTHER'S MAIDEN NAME Ruth Roberts		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO		16. SOCIAL SECURITY NO. 494-38-5686		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde & Ruth Ruble Bismarck, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck & multiple injuries ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Gyrus Verdict: caused DUE TO (c) by automobile accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		E8164 20		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway 467		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Perry Twp. St. Francis MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) May 29, 1955 8:45 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR collision between two automobiles			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Berth Miller		(Degree or title) Coroner		23b. ADDRESS Fairmount, Mo.		23c. DATE SIGNED 5/31/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 1, 1955		24c. NAME OF CEMETERY OR CREMATORY Masonic Cem.		24d. LOCATION (City, town, or county) (State) Bismarck, Missouri	
DATE REC'D BY LOCAL REG. May 31, 1955		REGISTRAR'S SIGNATURE Esther Rudloff		25. GENERAL DIRECTOR'S SIGNATURE Shuman & Sons		ADDRESS Bismarck, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 488

P. O. Address Bismarck

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.